A Call for Support: Review of Informal Social Supports among African American Grandmother Caregivers

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Abstract

Development of a positive informal social support network as a survival mechanism and source of strength has proven to be an effective coping strategy among African American women. Some researchers have argued that economically disadvantaged, mother-only households, located in urban communities, receive minimal support from family and extended kin due to members being overburdened with acute stressors. This paper reviews empirical studies focused on a select population, African American grandmother caregivers, who fit the above profile and are vulnerable to stressors relating to the caregiving role. The author concludes this review with a call for support in the areas of research, practice and policy.

Prevalence of Grandparent Caregiving

In 2000, the U.S. Bureau of the Census (2000) reported approximately 5.8 million or 3.6% of grandparents 30 years and over reported living with grandchildren younger than age 18. Of those grandparents residing with grandchildren, 2.4 million or 4.2% held primary responsibility of caregiving. The Census further revealed that 2% of non-Hispanic white grandparents, 35% of Hispanic grandparents, 52% of African American grandparents and 56% of American Indian grandparents were responsible for their grandchildren (U.S. Bureau of the Census, 2000). The prevalence of grandparent caregiving is higher among female-headed households and families of color. Minkler and Fuller-Thomson (2005) found, in a Census 2000 community survey study, that over half a million African American grandparents aged 45 and over were raising their grandchildren. Grandparent caregivers were mostly women with

no high school degree, receiving public assistance, living below the poverty level and caring for one or more grandchildren long term over five years or more (Minkler & Fuller Thomson). This finding suggests that when biological parents are no longer able to maintain their caregiving role, African American grandmothers assume partial or full responsibility of their grandchildren (Ruiz, 2000).

The increasing number of African American grandmothers caring for dependent and needy grandchildren is believed to reflect a cultural tradition rooted in West Africa that has remained intact through slavery, civil rights, and into the present (Franklin & Moss, 1994; Jimenez, 2002; Martin & Martin, 1985). Although this cultural tradition has sustained over generations, grandmothers are caring under different social and economic conditions than their ancestors. Many grandmothers are assuming full responsibility for rearing their grandchildren with emotional, physical, behavioral and neurological problems due to drug-addicted parents and neglect (Burton, 1992; Burton & Dilworth-Anderson, 1991; Joslin 2002; Kelley, 1993; Minkler, Roe, & Price, 1992). Both grandmothers and grandchildren are often grieving the loss of a parent who is incarcerated or deceased due to drugs, AIDS or other medical conditions (Szinovacz, DeViney, & Atkinson, 1999).

Although all ethnic, racial and socio-economic groups experience poor societal conditions, these conditions are more devastating for African American families, many of whom live in impoverished, inner-city neighborhoods (Hill, 2003; McAdoo, 1982). As McAdoo has noted, problems of excessive drug use and abuse, along with HIV/AIDS and other destructive illnesses, are probably as great as the problems faced by African American families during enslavement. As African American grandmother caregivers are caring within the context of communities challenged by 21st century social problems, it is imperative to understand how grandmothers perceive and rely upon family social supports to meet their caregiving needs (Hill, 2003).

This paper presents nine published empirical studies (five qualitative and four quantitative) that have examined African American grandmother caregivers' perceptions of and reliance upon informal social support (i.e. family resources). The author selected these studies because their samples consisted primarily of grandmother-maintained households with no or only one parent present, and grandmothers were providing care without formalized care services, thereby relying primarily on help from family and friends. The author concludes by calling for support in the areas of research, practice and policy on the topic of grandmother caregivers.

Perceptions of Informal Social Support

Definition of Informal Social Support. Informal social support is the most frequently studied resource within African American family literature. This support comes from kin and non-related "fictive kin" who provide expressive and instrumental aid to family members through the pooling of resources, nurturance, financial assistance, child care, physical care, emotional support, transportation, decision making and providing for necessities such as food, clothing, and shelter (Billingsley, 1992; Hill, 2003; Martin & Martin, 1978, McAdoo, 1982; Stack, 1974; Taylor, 1985). Informal social support is a major strength among African American families, providing along with material resources the fortitude for survival. A review of the social support literature demonstrates that the concept of social support has several dimensions. These dimensions include (a) structural aspects, which captures who network members are, who is present or absent, regularity of contact and flow of supportive resources; and (b) functional types of support (e.g. emotional, instrumental, informational) perceived and received (Cohen, Mermelstein, Kamarck, & Hoberman, 1985; Thoits, 1995; Turner & Marino, 1994).

Studies focused on African American grandmother caregivers and informal social support have provided inconsistent findings (Burnette, 1998; Burton, 1992; Dowdell, 1995; Gibson, 1999; Minkler, Roe, & Robertson-Beckley, 1994; Pruchno, 1999; Simpson & Cornelius, 2007; Simpson, in press; Smith, 1994). Several studies reported that caregivers viewed their family as non-supportive and

unreliable (Burton, 1992; Dowdell, 1995; Pruchno, 1999; Smith, 1994; Simpson, in press), while other studies found that caregivers reported receiving some form of positive support from relatives and extended kin (Gibson, 1999; Minkler et al., 1994; Simpson & Cornelius, 2007). The majority of these studies were exploratory, focusing largely on grandmothers within a sample-specific population, such as relatively low-income African Americans.

Positive Perceptions of Social Support. Researchers have reported that grandmother caregivers received various forms of support, including emotional, assistance with daily tasks, respite care and finances (Burnette, 1998; Gibson, 1999; Minkler et al., 1994; Simpson & Cornelius, 2007; Simpson, in press). Burnette's (1998) qualitative study of predominately African American grandmothers described a large extended family characterized by frequent contact with friends and relatives. Minkler et al.'s (1994) study of 71 African American grandmothers assuming full care of their grandchildren as a result of crack-cocaine addiction of biological parents indicated an overwhelming majority of grandmothers (94.5%) reported receiving instrumental support largely from family members residing in the same household. Types of instrumental support included babysitting, financial aid and transportation. Correspondingly, Gibson's (1999) qualitative study of 12 African American grandmothers reported that caregivers' receipt of support from family members and friends included childcare, transportation and finances. Simpson and Cornelius (2007) reported on the functional aspects of social support for grandmother caregivers. Findings of their study indicated that grandmother caregivers received help from family members, including extended family members, in the areas of household chores, finances, information, emotional, health, respite, appointments and crisis. Both male and female family members played primary roles in assisting with caregiving needs, and the areas in which they provided support were not gender-specific.

Lack of Perceived Social Support. Using a qualitative research approach and a non-probability sampling technique, Burton (1992) found that more than two thirds (68%) of grandparents reported family stress related to being overwhelmed with providing care to

a drug dependent relative. Additionally, 97% of these grandparents reported not receiving any support from relatives. A quantitative study conducted by Dowdell (1995) reported similar results among a sample of 154 custodial grandmothers of racially diverse backgrounds. Dowdell also found that unmarried grandmothers perceived less family support than married grandmothers. Findings of Burton and Dowdell dovetail with those of Smith (1994), who conducted a qualitative study with a convenience sample of African American grandmothers rearing their grandchildren because of cocaine addiction by the biological mother. Emergent themes from the qualitative data were related to the grandmothers' assessment of their support from family and friends. As noted by Smith (1994) "… the women in this particular group did not feel valued or respected; they felt misused and abused by their families, especially by their addicted daughters and sons and their extended family members who failed to support them or understand their commitment to their children" (p. 28).

Altogether, findings of prior studies suggest that grandparent caregivers are overwhelmed with their caregiving responsibilities and may not receive the support they need from family members. Furthermore, caregivers' perceptions that their role is not being valued or respected challenges early nineteenth century characterizations of the African American grandmother being valued and honored by her children and their offspring (Jones, 1995). Additional weaknesses of prior studies are that researchers focused primarily on the biological parents without an examination of support from extended family members, did not consider other traditional forms of social support resources such as those from church members, and did not always identify the specific areas (e.g., instrumental or expressive) in which grandparents felt unsupported.

One exception is a study by Pruchno (1999). This quantitative study of 398 white and 319 African American grandmothers attempted to address instrumental support by quantifying the number of hours grandparents reported receiving help from biological parents in specific areas related to caregiving. Findings indicated biological parents provided minimal support to grandmothers (less than 5 hours

per week); grandmothers were largely responsible for grandchildren, particularly in the areas of emergencies, school related activities, and disciplinary actions. Overall, Pruchno concluded that African American grandmothers received minimal or no support from grandchildren's biological parents. This lack of perceived family support to African American grandmothers diverges from most prior literature, which suggested that African American kinship networks are characterized by frequent interaction, close affective bonds, and the exchange of services (Hill, 2003; Martin & Martin, 1978; Stack, 1974).

Regarding other factors that may influence the social support received by African American grandmothers caring for grandchildren, Simpson (in press) found societal conditions had a destabilizing effect on the social support structure of grandmothers. For instance, many grandmothers experienced family deaths as a result of drug overdose, community violence, or medical conditions (e.g. HIV/AIDS, cancer, or heart disease). As depicted by grandmothers, most of these deaths were tragic and unexpected losses in their family network. Grandmothers described surviving family members' ability or inability to provide support, which were thematically captured in four subcategories (Simpson, in press). Absent support was the result of a death of a family member whose absence diminished potential supportive resources and increased caregivers' responsibilities. Unavailable support captured family members who were present but lacked the economic and material means to provide regular support. Dependent support described adult family members who relied on grandmothers for emotional, material, or economic support. Reliable support depicted family members who had the economic and material resources to assist regularly. All grandmothers had family members who fell into each category of support, and their ability to provide supportive resources varied within each category. Variations in support affected grandmothers' resources in one of three ways: it removed or decreased supportive resources; it increased grandmother caregivers' responsibilities; or it influenced the type of support received. For example, a 74-year-old great-grandmother, Mrs. T, was caring for her seven great-grandchildren. She had four adult children, but lost her only two

sons to drug overdoses between the years of 1995-1996. These two deceased sons of Mrs. T left a generation of grandchildren and great-grandchildren in her care. Surviving family members, including two daughters, resided in and out of her household, and as reported by Mrs. T these adult daughters lacked the economic means to provide consistent and reliable support.

Conclusion: A Call for Support

A review of the above studies revealed that methodological weaknesses were common. Among exploratory studies, small sample sizes and non-probability sampling limit generalizability of findings. Both qualitative and quantitative studies were also weakened by self-reported measures of social support, and researchers of quantitative studies were unable to address causal relationships among factors. Despite these limitations and the mixed results, issues of informal social support for African American grandmothers raising grandchildren are illuminated. There is evidence indicating that grandmother-headed households have fashioned a fragile system of informal social support that is being frayed by adverse social and economic conditions (Simpson & Lawrence-Webb, 2007) which may influence the structural and functional aspects of informal social supports. Findings are consistent with studies noting that African Americans continue to face challenges in sustaining strength and resilience within their kin networks (Jarrett & Burton, 1999; McDonald & Armstrong, 2001).

Researchers, policy makers and practitioners may want to re-examine how African American grandmothers rearing grandchildren in communities affected by adverse societal conditions perceive and rely upon informal or family social support. This is especially important for African American grandmothers as such support is believed to be a cultural survival coping mechanism in meeting the demands of caregiving challenges. Research is further needed to examine the complexities of how the destabilizing forces of drugs, community violence, and other destructive societal conditions are affecting the structural and functional aspects of informal social support among caregivers. As noted by Simpson and Lawrence-

Webb (2007) "families, like any system in society, will reveal that not all members operating within that system function at their highest level; therefore, it is necessary that formal social support services are provided in the areas in which family support is lacking" (pg. 18).

In order to address the multiple and complex needs of family structures hampered by societal adverse conditions, collaborative efforts across various social services (e.g., mental health system, health care system, social service system, educational and juvenile justice) require ingenuity and creativity to provide "wrap around" community-based services delivered within a culturally competent environment (Garbarino & Kostelny, 1994). It should be noted in this context, however, that "wrap around" community based services can occur only when policy changes in our traditional service delivery system and financing are revised to address the needs of grandparent caregivers within and outside the child welfare system.

Regarding future research, researchers may want to give greater attention to the various dimensions of informal social support structures among African American grandmother caregivers. Research inquiry may include the following questions: Who provides support to grandmother caregivers and in what specific areas? How consistent is this support? Does the type of support provided meet caregiver needs? If reliance upon family and extended kin is not present, do African American grandmothers seek support from formalized systems? If so, what other institutions are being called upon, and what type of formal services are most often sought by caregivers?

Studies in this review further reflect that caregivers' informal social support structure consists of family members with the resources to help in addition to members who are creating a drain on an already depleted system of care. In the absence of reliable kin support to grandmothers raising grandchildren, increased formal family support services may be required to strengthen grandmothers' social support structure. Moreover, some studies reported that grandparents were caring for a dependent grandchild along with dependent and/or disabled adults (Burton 1994; Minkler et al.,

1994; Simpson, in press). Most studies however, only focused on the perceptions of family social support provided by grandmothers to the grandchild, and they did not consider the multiple caregiving roles of grandmothers. Such caregiving roles of grandmothers, as Minkler et al. (1994) have noted, may mean that "grandparents who were primary caregivers for both their young grandchildren and their elderly parents may constitute a particularly vulnerable group" (pg. 26).

In conclusion, the assumption that most African American grandmother caregivers have the resources within their kin and extended kin networks to assist them with their caregiving roles is being challenged by social and economic conditions (Dilworth-Anderson, 1992). The structural and functional aspects of informal social support networks among vulnerable, at-risk families may create challenges and barriers to caregivers receiving supports and resources. In meeting the needs of vulnerable African American families, it is crucial that intervention strategies are aimed at kin networks for restoring, sustaining, and maintaining resiliency features and cultural strengths that are necessary for their survival and coping.

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